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CONTENTS.

CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Incontinence of Urine . 17
Clinical Remarks on Residual Abscess . . 21
Clinical Remarks on Stricture of the Œsophagus 22

HOSPITAL NOTES AND GLEANINGS.

Cases under the care of Mr. James Adams, in the London Hospital 22
The Estimation of Albumen during the Use of Diuretics 23
Diagnosis of a Case Presenting Acute Pyrexia, with Eruption on the Face 23

MEDICAL NEWS.

Domestic Intelligence.—Exsection of the Head of the Humerus for "Chronic Rheumatic Arthritis" 24
Deaths from Chloroform 24
Episcopal Hospital 24
Philadelphia Hospital 24
Dispensary for Skin Diseases 24
Obituary Record 25

Foreign Intelligence.—Treatment of Scarlet Fever 25
Etiology and Treatment of Diphtheria . . 26
Calabar Bean in Constipation . . . 26
Sulphurous Acid in Typhoid Fever . . 26
Bromide of Potassium in Ague . . . 26
A Remedy for Sea-Sickness 27
Treatment of Housemaid's Knee . . . 27
Neuralgia of Jaw following Tooth Extraction; Treatment by Prof. Gross's Method 27
Fatal Results of Caries of the Temporal Bone 28
Skin-Grafting 28
Cause of the Occurrence of Labour at the Close of the Ninth Month of Utero-Gestation 29
Chloralum 29
Comparative Energy of Antiseptics . . 30
Hydrate of Bromal 30
The Phenomena of Death by Drowning and Cold 30
Spontaneous Generation 30
Medical Science in Paris during the Siege . 31

GUERSANT ON SURGICAL DISEASES OF INFANTS, ETC. 16 PAGES.

CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Incontinence of Urine.—By T. CLIFFORD ALLBUTT, M. D. Cantab., Physician to the Leeds General Infirmary.

GENTLEMEN: A young woman has just been cured and discharged from ward No. 10, to whose case I shall now direct your farther attention.

The malady under which she was suffering is one of a very distressing kind, and is by no means rare; yet it is one which, like some other functional disorders of the uro-genital system, receives less than its proper share of attention, chiefly because the patients labor under a double shame, which compels them to secrecy. As in spermatorrhœa, for example, so in the kind of incontinence of urine which closely resembles it, there is a consciousness of pollution which makes it doubly difficult for them to speak freely on a function which under any circumstances is not easily discussed. For the same reasons I contented myself with pointing out the young woman to you in the ward, and deferred any farther remarks upon her condition until I had the opportunity, which her absence now gives me, of handling it freely. Her history is as follows:—

Louisa T——, aged eighteen, has suffered from incontinence of urine at night for many years, as long indeed as she can remember. The recurrence is rather variable; sometimes she may pass a night or two nights without wetting her bed, but this relief is rare; as a rule, on awaking in the morning she finds her bed wet, and she has reason to suppose that expulsion of urine takes place on many nights more than once. This disorder is not only very

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distressing in itself, but is very injurious to her in her calling as a domestic servant. She came to us in despair on losing her last situation, scarcely hoping to be cured, but driven to seek some new remedy for a disorder which caused so great annoyance both to herself and all those about her. These facts were told to me in private by the girl and her mother when they came first to the hospital. Beyond the nocturnal incontinence I heard but little complaint of her health. The girl had certainly somewhat of the dull and downcast look we see in many epileptics, but she had not suffered from epilepsy. Her menstrual functions were normal. The family history was very imperfect. Every effort had been made to prevent the nightly discharge, but in vain. As in all such cases, the patient had avoided liquids during the latter part of the day, was most careful in emptying her bladder before retiring to bed, and very frequently she submitted to be called up once or twice during the night to pass her urine. In spite of these precautions, which were as fruitless in her case as in others of the same kind, the involuntary ejaculations still occurred during sleep. She believes that she generally loses urine twice during sleep—first about midnight, and the second time early in the morning. It does not appear, however, that she is a very sound sleeper, for her slumbers are easily broken when her mother awakens her for the purpose of natural relief. The long history of the case prevented the suspicion that any such irritants as worms, fissure of the anus, intra-vesical ulcers or calculi, were present; nor, on examination, could any such causes be ascertained.

Such is one example of a malady which is tolerably familiar to those who follow my out-patient practice, where we have generally five or six cases of it on our books. Children are the most common subjects of it; but not rarely it abides until early adult life, as in Louisa T——.

Now let us compare with the case I have just related to you the following, the notes of which have been placed in my hands by Mr. Drake: Catharine J——, aged twenty-two, a domestic servant, was admitted into my wards during the summer vacation, for general nervous debility. When admitted we were made aware that she also suffered from incontinence of urine. By day and night alike her water would dribble almost imperceptibly from her, issuing from the bladder in drops or jets so small that they defied the precaution of using the vessel. If she coughed or made other like efforts, more considerable quantities would suddenly escape from her. The incontinence was no worse at night, but was rather less severe, unless by lying on her back she threw the weight of the contents of the bladder upon the neck of it; in which case she had discovered that the incontinence became excessive.

My last patient, Louisa T——, was, as you remember, treated and cured with belladonna. For Catharine J——, belladonna was never prescribed, but liquor strychniæ. In a few days she was thus enabled to hold her water for half an hour, and in a week she recovered almost complete power over the bladder. You will see at a glance, when the two cases are set side by side, how different they are, and how different are the means needed for their respective cure. If we seek a parallel to the case of Catharine J——, we find it in a case of incipient paraplegia now under my care in No. 10: this woman tells us that sometimes her urine escapes from her by day, and that she is always obliged to hasten to the closet the moment a sensation of micturition is felt, or she would find herself overtaken.

But in other cases of paraplegia you may remember that retention of urine is seen, and we have the fear of this dangerous event always before us in the continued fevers. In these cases incontinence, diurnal and nocturnal, may also be seen; and it does not then signify a continual escape of the secretion as fast as it is formed, but rather signifies overflow—the bladder being filled beyond its capacity. A careless practitioner, who is unaware of this, and who is not awake to the duty of percussing the bladder daily in such cases of fever or of palsy, may by the neglect of catheterism become responsible for the death of his patient. Here

the explanation is simple: the patient in fever is unconscious of the sensation which naturally calls him to micturate; in palsy he also wants consciousness, or he may want power in the muscular coats of the bladder.

If, on the other hand, we seek a parallel to the kind of incontinence seen in Louisa T——, we find it in the spasmodic ejaculations occurring in cases of incontinence of semen. It is a mistake to suppose that incontinence of semen occurs as a consequence of onanism only; it may be due to other causes, and occurs often enough in continent or married men. In both these latter incontinences we have the same element: a sudden spasm, with consequent emission. The fact of emission is of course an accident, the spasm being the primary element; and we find accordingly that in nocturnal enuresis spasm is made manifest when ever so little urine is present, and no doubt occurs at times when too little urine is present to make its effects very evident. You will see that this event then differs in no essential way from epilepsy. Like it, epilepsy tends to recur, in its earlier stages at least, by night; and if there be no secretion voided, it is merely because the muscles involved do not happen to be the continents of a secretion—a difference which is accidental only. Like it, too, nocturnal epilepsy is brought best under control by the use of belladonna.

Let us now consider what are the elements with which we have in all these cases, and in nocturnal incontinence especially, to deal. We have in the bladder two sets of muscular fibres—the one set called collectively the detrusor set, and the other called collectively the sphincter, the two sets being opponent. In addition to this, we have afferent and efferent nerves, connecting these muscles with the sacral plexus, and with a definite region in the spinal cord, which experiment and observation lead us to fix somewhere about the sixth dorsal vertebra, and there they are brought into relation by means of nerve-cells. Other fibres pass onwards to the encephalon, and establish consciousness of irritation, and also that regulating power over the actions of the bladder which endows us with the valuable power of voluntary retention and emission of urine. Supposing, then, that this machinery goes wrong, we have to seek the fault first in the structure of the bladder itself. Such faults do not, however, come under our consideration at present, as we are dealing, not with surgical matters, but with diseases of the nervous system. We shall, then, look beyond the bladder to its innervation, and any one of the following faults is possible: (1) There may be excessive irritation or irritability of the afferent nerves; or (2) this may be deficient. (3) There may be excessive irritation or irritability; or (4) this may be deficient. (5, 6) There may be one or other of these opposite states in the nerves communicating between the spinal and the encephalic centre. The efferent encephalic fibres exercise, I say, that moderating action upon the central spinal actions which between the medulla and the heart is called inhibitory; in the latter case the heart is regulated in obedience to the less complex variations of organic actions; in the former case the movements of the bladder are regulated in accordance with the more complex variations of animal actions. When a very powerful impression upon the encephalon paralyzes these fibres, we have at once that spasm of the detrusor which we may see in a schoolboy brought up to be whipped. If, on the other hand, the encephalon remaining unaffected, the whipping be upon parts supplied by the sacral plexus, we have excessive stimulation of the afferent spinal fibres, and the same consequent tendency to discharge of energy in the uro-genital system.[1] Worms, or fissure in the rectum, uterine disorders, gonorrhœa, phimosis, or ulcers, calculi and acid urine within the bladder, act in the same way. Paresis of controlling encephalic fibres has then the same consequence as excitement of afferent spinal fibres; in both cases the detrusor urinæ, by excitement or by permission, overcomes the sphincter.[2] Again,

[1] Ita, ut aiunt, solent impudici quidam invitam venerem vergis sollicitare.

[2] I should not of course advance these novel views unless I thought I had evidence in favour

if we have regard only to the local efferent nerves, we see that exhaustion of the spinal centre has the same result of instability as exhaustion of its encephalic ally and as stimulation of the afferent nerves. Onanism acts in this way, both in causing frequent daily micturition—*castus raro mingit*—and especially in allowing spasmodic emission of either urine or semen, when during sleep the tension of the weakened spinal centre is no longer reinforced by an active encephalon.[1] In paraplegia we often have both these causes at work. Communication may be broken between the encephalon and the lower cord in the first place, and the spinal centre may be weakened likewise, allowing of priapism, seminal and urinal emissions, and other evidences of instability, in which cases the incontinence is often nocturnal at the outset; or it may be palsied, allowing of the complete incontinence of flaccidity, both diurnal and nocturnal. It would seem that exhaustion of neighbouring centres in the cord may spread to the genito-urinary ganglia;[2] for many men who, like Alpine climbers, exercise the legs strongly, but occasionally, are liable to irritability of the bladder, and to nocturnal emission of semen, during the first days of their holiday. When enuresis is due to the removal in sleep of part of the inhibitory action of the encephalon, we have by day what is called continence; but this continence is often imperfect, the patient being obliged to micturate frequently, and to answer the call quickly. Many healthy persons, of nervous temperament, many women especially, have this degree of incontinence at night, although their resisting power by day may not be insufficient.

This irritability of the detrusor is generally or always accompanied with ineffectual spasm of the sphincter also; in the female bladder this is readily demonstrated, and in young boys, who suffer in the same way, the penis is usually half erect during sleep.[3] But in that form of incontinence which is seen in continuous dribbling, we have to deal with the opposite state in both sets of muscular fibres; for, although the urine of such persons is ever escaping from them, yet, on the other hand, they are incapable of projecting it far on a voluntary effort. Dribbling differs from spasmodic incontinence in this—that it occurs as well by day as by night, that the subjects of it are never able to project a strong stream, and that, unlike spasmodic enuresis, it frequently takes place on a sudden exertion like coughing. Many women who have borne children, and whose parts are relaxed, become unable to hold their water when coughing. These cases, and the similar debility we often see in young persons, as well as in those of advanced life, are susceptible of a good deal of relief from the use of strychnia, and also of ergot of rye, sometimes one drug and sometimes the other having the advantage.

The treatment of spasmodic or nocturnal enuresis is very different, and resembles closely that needed for seminal incontinence. Everything calculated to stimulate the afferent nerves of the sacral plexus must be avoided. The patient must avoid heating the nerves by taking care to lie on the side, and by the use of a mattress with light bed-coverings. It is right also, for the same reason, to prevent fulness of the bladder at night by abstinence from evening drinks, and by natural evacuations. In persons of this irritable or spasmodic habit, every eccentric cause of irritation to the afferent nerves—such as constipation, worms, uterine disorder, acid urine, and the like—must be removed; and, on the other hand, the tone of the parts must be restored by the systematic use of cold douches to the lower half of the spine. In bad cases a very small opiate or belladonna suppository acts like a charm in soothing the irritability. Es-

of them; but their proof did not form part of the present lecture.

[1] In such cases it is well known that, even in waking hours, a very slight additional irritation to the afferent (pudic) nerves will upset central tension, and cause seminal discharge.

[2] Dr. Handfield Jones, in the last number of *The Lancet*, has suggested this weakening of a nerve-centre by exhaustion of its neighbour. Careful clinical watching of such cases would be a kind of experimental physiology.

[3] Herein I must differ slightly from the recently published views of Dr. Burney Yeo (*The Lancet*, Oct. 22d, 1870).

pecially must belladonna be given also as a medicine during the day, or as a pill at bedtime. Children, as Dr. Fuller has shown, will bear belladonna in very large doses; and a little child suffering from nocturnal incontinence was pointed out to you on the last out-patient day whose malady remained untouched until we reached a dose of two grains of the extract at bedtime, when she found relief. Whether the belladonna be given at bedtime or as a daily medicine seems of little importance. Bromide of potassium, which seemed *à priori* a likely remedy, is quite useless. If you can add gentle local faradism to the cold douches, you will find great benefit arise from it; such, at least, was my own experience in two bad cases.

The general treatment needed in these cases is that needed in all persons suffering from instability of the nervous tissues; and as we sometimes find nocturnal incontinence in delicate, nervous children, often, moreover, associated with herpetic eruptions, seminal discharges, epilepsy, weakness of mind and temper either in themselves or in their near relatives, so we must never forget, by the use of our best "nervine tonic," cod-liver oil, of mild preparations of arsenic and of steel, and also of general hygienic measures, to restore that tone in which by nature they are deficient. In thus estimating your duty as physicians, gentlemen, I must, however, remind you that incontinence of urine very often depends on no constitutional habit, but on local disorders. In these cases the nocturnal incontinence is generally associated with more or less distressing diurnal irritation also. My surgical colleagues, and my friend Mr. Teale in particular, have, I believe, drawn your attention to the treatment required under these painful circumstances.

P. S.—Since the above lecture was delivered a very interesting and important note has appeared in *The Lancet*, by Dr. Thomson, of Peterborough. He was led empirically to recommend chloral as a remedy for nocturnal incontinence of urine, and apparently with great success. We have ample opportunities amongst our out-patients of trying this remedy; and if it answers in our hands as it has done with Dr. Thomson, it will supersede belladonna.—*Lancet*, Nov. 26, 1870.

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Clinical Remarks on Residual Abscess.—On the 10th of December, Mr. PAGET operated at St. Bartholomew's Hospital on a girl who presented the novel features of a residue of obsolete pus in a cavity in the lower end of the tibia. On her admission, rather more than a year ago, with acute necrosis of the tibia, a long incision was made in the line of the bone, and a quantity of pus liberated from between it and the periosteum. Later, an attempt was made to take away the necrosed portion of the bone, but it was found to be too firmly fixed. In August last, however, Mr. Callender, in Mr. Paget's absence, succeeded in removing a large portion of the middle and upper thirds of the shaft. The wound healed well, but there still remained at the lower end of the limb one or two small openings leading down to some more dead bone, with a view to remove which Mr. Paget performed the operation in question. His incision disclosed one or two small sequestra, and the large cavity in the lower end of the shaft of the tibia which contained them was filled with thick mortar-like substance consisting of half-dried obsolete pus.

In remarking on this case, Mr. Paget explained that such cavities in bone usually become filled with a soft and vascular fibrous structure; but that, as in the case of abscesses elsewhere, the contained pus may, on the other hand, remain behind, and dry up into the inspissated substance called "obsolete pus," leaving the patient liable to a return of acute inflammation of the part, resulting in what he calls "residual abscess." In the present instance, for example, had not the small remaining portions of necrosed bone led to the exploratory operation, the patient's limb would in all probability have healed with every outward sign of perfect health, but yet inclosing a substance which, perhaps soon, perhaps after a term of years, would, under the influence of a decline in general health or some other exciting cause, have lit up acute inflammation, and produced another abscess. As an il-

lustration of this process, Mr. Paget referred to a patient whose case had already been mentioned elsewhere, but on whom a post-mortem examination has since been made. Twenty-four years before his death the patient was believed to have an abscess in the left iliac rigion, of which he was near dying. It was supposed by the two eminent medical men who attended him to have occurred in connection with disease of the cæcum. He remained in fair health for twenty years, and then, two years before death, another abscess appeared below the crural arch and in the loin. It was opened successively in both these places. When the patient at length died exhausted by the profuse purulent discharge which it maintained, the evidence of the post-mortem examination went to show that the first abscess had been caused by disease of the lumbar vertebræ, and that the second had been a residual abscess, formed about the remnants of the old disease.—*Lancet*, Dec. 17, 1870.

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Clinical Remarks on Stricture of the Œsophagus. By Mr. PAGET.—Two cases of stricture of the œsophagus, produced by the action of corrosive fluids which had been swallowed some time previously, came recently under the care of Mr. Paget, at St. Bartholomew's Hospital, and remained for a time in his wards, while, to prevent ultimate closure of the tube, the patients were instructed in the art of passing bougies through the strictured portions.

With reference to these cases Mr. Paget made some interesting remarks on the diagnosis and treatment of stricture of the œsophagus, in the course of which he explained his views of that particular form of stricture which is usually denominated "hysteric" or "spasmodic." It was, he said, the homologue in the pharynx or œsophagus of that want of harmony between the organs of speech and respiration which produces stammering; and appeared to depend on a want of perfect concert between certain involuntary muscles and muscles under the control of the will, which are designed to act in harmony. In the latter case the muscles of respiration do not act in time and unison with the organs of speech; in the former, instead of the normal contraction of successive portions of the upper part of the alimentary tract from above downwards, which transmits the food regularly from the mouth to the stomach, there occurs an unruly contraction of certain fibres, which, as long as it continues, bars the passage of food as completely as if some permanent obstruction existed. The degree of this contraction varied in different cases: in some it only compelled the patient to take his meals apart, or inconvenienced him whenever his attention was in any way directed to the act of swallowing; while, in others, it produced contraction so obstinate and complete that the maintenance of life by means of gastric digestion was wholly prevented. In those extreme cases recourse must be had to enemata; and, as in all other cases where nutritive materials have to be supplied to the body for more than three or four days by the introduction of food into the rectum, it would be found necessary to make use of something more than beef-tea and brandy, and, by injecting preparations containing fats, starches, sugars, and vegetable as well as meat juices, to supply all the ingredients which are contained in a natural diet, and are essential to the building up of the various tissues of the body. Of the fact that vegetable juices could thus be effectually introduced into the system, he had recently had very satisfactory proof in the case of a patient with whose nutritive enemata had been mixed some of the essence of water-cresses, proposed by Mr. Wyatt: at the end of a few days the patient had begged that the quantity of the essence might be diminished, because the flavour of that vegetable in his mouth had become so strong and so constant as to be extremely disagreeable. — *Lancet*, Jan. 7, 1871.

HOSPITAL NOTES AND GLEANINGS.

Cases under the Care of Mr. James Adams, in the London Hospital.—Mr. ADAMS pointed out instances of the following unusual injuries:—

Dislocation of the Right Os Innominatum.—This injury had befallen a Greek

sailor, ten weeks previous to admission, in consequence of a violent blow which fell upon the bone a little above the acetabulum. On admission the entire bone was found to move freely at the symphysis pubis anteriorly, and at the sacro-iliac synchondrosis posteriorly. A double spica bandage had been applied, and the patient kept at rest. At the time of our visit, a month later, the bone had become much less movable. There had been no symptoms of injury either to the pelvic viscera or to the hip-joint.

Fracture of the Epiphysis of the Crest of the Ilium.—A young man, twenty years of age, had been thrown down and kicked on the left hip. On admission a small wound was found below the anterior superior spine of the ilium, and a long, slender solid body was found to glide freely on the crest of the ilium, both when forcibly moved and during a deep inspiration. The sensation conveyed to the finger suggested that the contiguous surfaces of the loose body and the iliac crest were smooth and cartilaginous. There was no bony crepitus. A spica bandage had been applied, and the mobility of the severed epiphysis was becoming less.

In the early part of the afternoon Mr. Adams had removed, by Teale's operation, the leg of a man who had a large malignant ulcer of the heel.—*Lancet*, Dec. 24, 1870.

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The Estimation of Albumen during the Use of Diuretics.—The quantity of albumen in the urine of a patient who had been admitted into Middlesex Hospital with mitral disease, albuminuria, and some consequent œdema, was reported to have undergone a marked diminution. Dr. Murchison directed attention to the fact that, in estimating the proportion of albumen, the quantity of urine passed by the patient must also be taken into consideration; and it was found on inquiry that in this instance the apparent decrease of albumen corresponded with a sudden rise in the daily excretion of urine from 16 to 130 ounces, due to the exhibition of ten-minim doses of tincture of digitalis three times a day. Dr. Murchison pointed out that, comparing the increase in the quantity of the urine with the decrease in the proportion of albumen, the actual quantity of the latter secreted in twenty-four hours remained about the same as before. He directed that the dose of digitalis should be reduced.—*Lancet*, Dec. 3, 1870.

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Diagnosis of a Case presenting Acute Pyrexia, with Eruption on the Face.—Two days before admission into Middlesex Hospital, this patient had experienced severe rigors, which were shortly followed by pain in the head, back, and left side; at the same time he became hot, and began to vomit. The pain and vomiting continued throughout the second day. On admission, about forty-eight hours after the onset of the symptoms, there was an eruption on the face; the skin was found to be dry, with a temperature of 104°; the pain remained present in the situations indicated, and had become increased in the left side, and the patient continued to vomit. The points in favour of variola were said to be the vomiting and high temperature so early in the disease, and the pain in the back; against it were the increasing pain in the left side, and the facts that the temperature remained high, although the eruption on the face was well marked, and that this eruption itself was found on examination to present the distinctive characters of acne. It appeared, therefore, that there must be some local inflammation in the chest, and attention was directed to the base of the left lung, the site of the pain. On the day of admission neither dulness on percussion nor crepitation had been detected in this situation; but the breathing had been found to be less vesicular than at the opposite base, and accompanied by bronchitic râles. At the present time (the following day) the temperature was 103.8°; there was an acute herpetic eruption on the lips; there were two inches of dulness at the left base posteriorly, and in the left infra-axillary region and in the lower half of the left back friction-sound and distant tubular breathing were heard. The patient had a cough, and brought up rusty sputa. These conditions indicated plainly enough that the case was one of pneumo-pleuritis, though the general dis-

turbance had been far in excess of the amount of local disease. There was a small quantity of albumen in the urine, and it remained to be proved whether the renal complication was a consequence of the chest inflammation, or whether the great constitutional disturbance, the chest inflammation, and the albuminuria, were not the consequences of the presence of a general poison in the blood. Dr. Murchison ordered a mustard and linseed poultice to the affected part of the chest, and ten minims of tincture of aconite three times a day, to be reduced to five as soon as an effect should be produced on the pulse.—*Lancet*, Dec. 3, 1870.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Exsection of the Head of the Humerus for "Chronic Rheumatic Arthritis."—Prof. GEORGE C. BLACKMAN records in our esteemed contemporary the *American Practitioner* (Jan. 1871), the following case of this:—

P. H., æt. 50, was admitted into the surgical ward of the Cincinnati Hospital, March 31, 1870. Fifteen years ago he lost the index-finger, and all the terminal phalanges of the left hand, from the effects of frost. Two years subsequently he sustained a compound fracture of the right arm, necessitating amputation at the lower third. He had never contracted a venereal disease. Four months previous to admission the anterior portion of the thorax was thickly covered with an eczematous eruption, and a large tumour presented itself in the left mammary region, from which came a free purulent discharge.

On admission there was very limited use of the left arm; the head of the humerus could be thrown easily from the cavity by passive motion, giving a crackling sensation; a chain of enlarged lymphatic glands was traced down the axillary region. The tumour was the size of a blacksmith's fist. The spontaneous opening was enlarged, and a large amount of purulent matter evacuated. The eruption gradually yielded to the administration of liq. potass. arsenit., and the general condition of the patient was much improved by large doses of syrup of iodide of iron and manganese.

On the 24th day of May an incision was made from a point over the left acromion, extending downward three and one half inches; and when the capsular ligament was penetrated a yellow thin fluid escaped, and a fistulous tract connecting the cavity of the joint with the pectoral abscess was disclosed. Through this incision the dislocated head of the humerus was turned out, and two inches of porous, softened bone removed with the saw. A solution of five grains of carbolic acid and one ounce of water was injected down the fistula, and a compress adjusted. Quinia and whiskey, with a nourishing diet, were ordered. By the 14th of June the tumour had disappeared, and the discharge of the purulent matter from the lower opening was slight. Early in September the incision over the joint was completely closed, and he was transferred to the infirmary in excellent health.

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Deaths from Chloroform.—In the number of the *Cincinnati Lancet and Observer* for Jan. 1871, there are reported, by Dr. W. W. Dawson, Surgeon to Cincinnati Hospital, the notes of twelve hitherto unpublished cases of death from chloroform.

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Episcopal Hospital.—Drs. H. B. Hare and Herbert Norris have been elected physicians to this institution, vice Drs. H. C. Wood and E. A. Smith, resigned.

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Philadelphia Hospital.—Horatio C. Wood, Jr., M.D., has been elected to fill the post of physician in this institution, made vacant by the resignation of Dr. Edward Rhoads; and Geo. Pepper, M. D., visiting accoucheur, vice Dr. Schofield, resigned.

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Dispensary for Skin Diseases.—An incorporated Institution, bearing this name, has been organized in Philadelphia, for the purpose of giving gratuitous advice to those afflicted with cutaneous maladies. Dr. L. A. DUHRING has been appointed physician to the dispensary, which is located at No. 216 south Eleventh street, and is open daily at 11 o'clock.

OBITUARY RECORD.—Died in Philadelphia, Jan. 1, 1871, of pneumonia, JOHN RHEA BARTON, M. D., aged 77. Dr. Barton graduated in Medicine at the University of Pennsylvania in 1818, and was subsequently in active practice for about twenty years, during which time he achieved a high reputation by his numerous and valuable contributions to surgical art and literature. Brought up under the tutelage of Dr. Physick, his operations were characterized by the extreme neatness and carefulness of that great master, with, perhaps, even greater boldness, brilliancy, and originality. His name is inseparably connected with certain operations, as that for the relief of anchylosis by the formation of an artificial joint, and also with a peculiar fracture of the lower end of the radius, known as Barton's fracture. He was for many years one of the Surgeons to the Pennsylvania Hospital, and contributed largely to the fame of that institution.

Dr. Barton retired from practice more than thirty years ago, after a career, short it is true, but one of rare brilliancy, and of lasting, not ephemeral, usefulness.

Among some of his more important contributions to surgical literature, may be mentioned the following: Treatment of Anchylosis of the Hip-joint by the Formation of an Artificial Joint (*North Am. Med. and Surg. Journ.*, vol. iii. April, 1827); A New Treatment in a Case of Anchylosis (*Am. Journ. of Med. Sci.*, Feb. 1838); Longitudinal Section of the Lower Jaw, for the Removal of a Tumour (*Am. Journ. of Med. Sci.*, Feb. 1831); Operation performed and recommended for the Cure of Imperforate Anus (*Med. Recorder*, vol. vii. 1824); On Certain Injuries of the Bones of Children (*Ibid.*, vol. iv. 1821); On a Peculiar Fracture of the End of the Radius (*Med. Examiner*, vol. i.); A New Treatment in a Case of Anchylosis of Knee (*Am. Journ. of Med. Sci.*, vol. xxi.) etc.

He was also the inventor of a lithotomy forceps (*Philad. Journ. of Med. and Phys. Sci.*, vol. viii. p. 147); of the fracture box (*Am. Journ. of Med. Sci.*, vol. xvi., 1833, p. 31); of the "bran dressing" for compound fractures, (*Ibid.*, April, 1842, p. 515); of a bandage for fracture of the lower jaw (*Am. Med. Rec.*, April, 1819, p. 153); etc.

——, in Philadelphia, Jan. 15. 1871, aged 29 years, EDWARD RHOADS, M. D., late Physician to the Philadelphia Hospital, and Clinical Lecturer on Physical Diagnosis in the University of Pennsylvania. Dr. Rhoads was distinguished for his great industry, the extent and accuracy of his knowledge, the soundness of his judgment, and his great modesty. His career had given promise of remarkable usefulness and success, and his loss is deeply deplored by a large circle of professional and personal friends.

——, in Richmond, Va., Dec. 27, 1870, BEVERLY R. WELFORD, M. D., late Professor of Materia Medica in the Virginia Medical College, and a gentleman highly esteemed for his honourable character as well as for his professional attainments.

FOREIGN INTELLIGENCE.

Treatment of Scarlet Fever.—In a recent article (*British Medical Journal*, Dec. 24, 1870), Dr. RENFREW says, in the treatment of scarlet-fever, agents should be given that will prevent the reabsorption of the poison, hinder its formation, moderate and assist physiological and chemical actions and changes.

The medicine which I have used for these purposes for nearly eight years is a mixture containing tincture of steel and chlorate of potass. In this mixture we have chlorine, muriatic acid, iron, and chlorate of potassa. The chlorine acts upon and destroys the poison in the stomach; and probably some of it is taken into the blood, producing the same effect there. The muriatic acid, Dr. Chambers says, "is such a large constituent of the body, that it might almost be called a food, instead of a medicine; and that it is a powerful arrester of decomposition of animal matters." He also says about the ammonia, "very difficult would it be for the eliminator to get this alkali out; but it is easy for the restorers to get acid in." By getting the acid in, we lessen the alkalinity of the blood, and neutralize one of the conditions favorable for the develop-

ment of the poison. The red disks of the blood are the carriers of oxygen; but, in their "black and melanosed condition," they are not in a condition for accomplishing this function The iron supplies that which is likely to improve the deteriorated disks, and we give that which we know rapidly increases their number. The chlorate of potassa supplies oxygen to the blood—which must be very deficient, from the condition of the red disks and the rapid disintegration that has been going on—to enable the physiological and chemical changes to take place, and oxidize the disintegrated substances that are floating in the blood.

The forms in which he gives the medicine are the following:—

1. For a child two years old: ℞ Tinct. ferri perchloridi ʒiss vel ʒij; potassæ chloratis ʒj; glycerinæ ʒiss vel syrupi simplicis ʒj; aquæ q. s. ad ʒiv. Two teaspoonfuls to be taken in water every hour or two hours.

2. For an adult; ℞ Tinct. ferri perchloridi ʒiv; potassæ chloratis ʒiij; glycerinæ vel syrupi simplicis ʒiss; aquæ q. s. ad ʒviij. One tablespoonful in water every hour or two hours.

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Etiology and Treatment of Diphtheria.—Prof. STEINER, of Prague, has published in the *Jahr. f. Kinderk.* of November 1st, 1870, a series of cases in which he was able to try different kinds of treatment, and watch the result. He thinks that the etiological question is not as yet solved, although very great authorities consider diphtheria to depend on blood-poisoning. Nor can the purely local cause, in the shape of germs, be satisfactorily proved. Further investigations are indispensable to decide between the two theories. Therapeutically, the professor considers that the means which answered best in his hands are lime-water locally, and, internally, quinia, chlorate of potassa, and wine; when laryngitis occurs, emetics; and if they act no more, tracheotomy. When paralysis follows the acute attack, tonics are to be recommended, but the author has found that in many cases the symptoms of paralysis disappeared without treatment.

Dr. Moritz Schlier has tried carbolic acid extensively in diphtheria, his reason for using it being the supposed existence of germs in this disease. The solution used was 1 in 16, and it was energetically applied to the false membrane by means of the finger wrapped in some linen. No internal remedy was employed; but those patients whose age allowed them to gargle, were made to wash out the mouth with the above-named solution every half hour. Out of 36 cases, 18 recovered, and these were all very severe; most of the patients, also, were out of danger in about four or five days. During convalescence, tonics and wine were liberally used.—*Lancet*, Jan. 7, 1871.

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Calabar Bean in Constipation.—Dr. VICTOR SUBBOTIN (*Arch. f. Klin. Med.*, vi. 2, 3, 1869) communicates cases in which he obtained remarkably good results from this remedy. He prescribed a solution of the extract in glycerine, one to thirty, the dose being four drops four times daily. A fecal tumour which resisted strong doses of a cathartic was quickly dispelled in this way. The cases in which the treatment is most suitable, are those due to atony of the muscular coat of the bowels, on which the Calabar extract acts powerfully, as is shown by experiments on animals.—*Med. Press and Circular*, Jan. 4, 1871.

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Sulphurous Acid in Typhoid Fever.—Dr. WILKES, of Ashford, Kent, affirms (*Med. Press and Circular*, Dec. 14, 1870) that he has had very great success in the treatment of typhoid fever by means of small doses of sulphurous acid. He gives the acid with syrup of oranges in water, in doses of from two and a half to twenty minims every four hours, until the patient complains of tasting, as it were, lucifer matches. He alleges that this remedy arrests the further development of the fever-poison, and thus *exterminates* the fever. "Briefly it is an antidote." Of 173 cases of typhoid fever treated, only two died, and these two did not take the acid.

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Bromide of Potassium in Ague.—Bromide of potassium was first introduced into

medical practice, as a remedy for enlargement of the spleen, by Dr. WILLIAMS. Dr. Moxon has lately been trying among the out-patients at Guy's Hospital, the bromide in cases of ague (*British Med. Journ.*, June 11, 1870). The results are such as to show that this drug possesses very remarkable power over ague, and a power that promises to be of important use in many of the more obstinate cases. In one case illustrative of its action, the patient had had tertian ague for two months before admission to the hospital, and had taken quinia without benefit; after admission he took eighty-four grains more without benefit. Twenty-grain doses of bromide, three times a day, were then given, and he was discharged cured in ten days. It is found always to check the ague, and often to cure it permanently, not always; but that is the case with any remedy.

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A Remedy for Sea-sickness.—There have been many suggestions made as to the prevention of sea-sickness, none of which have, to say the least, been found in practice to be completely successful. The introduction into practice of hydrate of chloral, which produces with certainty sleep for a definite number of hours, has suggested a means of escaping the horrors of a short sea-passage at least, and possibly of mitigating the most prolonged horrors of sea-sickness. To go asleep at Dover, and to wake to find one's self at Calais, is a plan which, failing other expedients, has in it much promise. An ordinary dose of hydrate of chloral produces sleep usually in a quarter of an hour, and with almost unfailing certainty. Some cases just published by Dr. Doring of Vienna seem to show that the value of hydrate of chloral to obviate sea-sickness is very great. It produces quiet and prolonged sleep. In all the instances recorded, it seems to have been of great value even during prolonged sea-voyages, giving a good night's rest, arresting violent sickness when it had set in, and stopping the tendency to its recurrence.—*Brit. Med. Journ.*, Dec. 3, 1870.

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Treatment of Housemaid's Knee.—Mr. THOMPSON, of Westerham, gives (*Brit. Med. Journ.*) a series of cases showing the beneficial results of the application of the plaster of ammoniacum and mercury to cases of inflamed bursa patella, which he thinks is not so generally known and accepted as it ought to be. The following is one of the cases reported: On July 18, 1868, a housemaid awoke in the night with acute pain at the knee. I found great pain, heat, and tenderness over the patella. The bursa was much swollen. She was feverish and ill, and was ordered to remain in bed, and keep the knee covered with spirit lotion. On the 23d the acute symptoms had subsided. The bursa was very distended with fluid. The plaster was applied. On the 30th the swelling was entirely absorbed, and she was at work again. — *Practitioner*, Nov. 1870.

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Neuralgia of Jaw following Tooth-Extraction; Treatment by Prof. Gross's Method. —In the number of the *American Journal of the Medical Sciences* for July, 1870, is a description by Prof. Gross, of a form of neuralgia of the jaw-bones following tooth-extraction, and depending, as he thinks, on compression of the alveolar nerves by the osseous material deposited during the reparative process. The following is an example of the affection.

Solomon K., aged 18, had for some weeks been attending as an out-patient at the Leeds Infirmary, on account of excruciating pain in the lower jaw. Six months ago, the left lower anterior bicuspid tooth was removed in a state of decay. In from a week to ten days afterwards, he began to suffer intense pain in the part, and occasionally a little blood oozed from the gum. He sought relief from many sources, but in vain; and during his attendance as an out-patient at the infirmary, the usual anti-neuralgic remedies had been prescribed to no purpose. The affected gum was hard, and adherent to the bone; and pressure upon it aggravated the pain, which, though chiefly felt where the tooth had been, radiated to a considerable distance around. After having seen Dr. Gross's statement, Mr. Jessup admitted the young man; and, on October 20th, he cut down upon and removed with bone-forceps and

gouge a portion of the alveolar border. The relief was complete, and continued up to October 29th, on which day he was discharged. He has not since been seen. —*British Med. Journal*, Jan. 7, 1871.

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Fatal Results of Caries of the Temporal Bone.—Dr. E. H. BENNET showed to the Pathological Society of Dublin, two specimens illustrative of the fatal results of caries of the temporal bone. Both patients were women, and had, previously to their fatal illnesses, enjoyed good health with the exception of occasional slight otorrhœa. The first patient, aged forty years, became suddenly excited, violent headache set in, and in two or three days she became comatose, and never rallied. After death, appearances similar to those in fatal cases of cerebro-spinal arachnitis were noticed. An extensive decomposition of lymph had taken place in the pia mater beneath the arachnoid membrane. The lymph lay thickest close to the origin of the seventh nerve of the affected side; and around its insertion into the medulla oblongata, a perceptible induration existed. The lateral sinus was healthy, but the entire petrous portion of the temporal bone was softened and red. The portio mollis was adherent in the internal meatus, and the tympanum was destroyed. These latter lesions were evidently of an old date. The inflammatory action in the fatal attack had probably originated in the seat of the primary disease, and spread thence inwards along the course of the portio mollis. The second patient, aged thirty-five, had been attacked with severe pain in the head. Sudden symptoms of general pyrexia followed, and shortly afterwards complete paralysis of the portio dura on the affected side. In this instance, death was clearly due to pyæmia, pleuritis and general pulmonic congestion having set in before death. Here, signs of meningitis were wanting; for, though the brain was somewhat congested, no purulent deposits had occurred. An encysted abscess was found in the temporal bone, and the petrosal and cavernous sinuses were full of purulent matter. Deposits of pus were discovered in the lungs. A remarkable symptom which had been present during life, was explained by the condition of the cavernous sinuses. This was the extreme distension of both conjunctivæ with serous fluid, the result of passive congestion in the ophthalmic veins. The nerve-trunk of the portio dura had apparently been destroyed shortly before death.—*Brit. Med. Journ.*, Dec. 24, 1870.

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Skin-Grafting.—Dr. DAVID PAGE, of Edinburgh, has made some investigations (*British Medical Journal*, Dec. 17, 1870) which throw a very important and interesting light on this subject. All observers agree in describing the disappearance of the characters of true skin in the piece laid on the wound, and the resulting appearance of a small pellicle, which ultimately becomes a centre of cicatrization. Mr. Nelson Dobson, in the paper which he read at the Bath and Bristol Branch of the British Medical Association, described the excellent results from splitting fine shavings of skin into small pieces; and all authorities have agreed from the first that the skin taken should be completely free from subjacent areolar or adipose tissue. Dr. Page goes still further. Microscopic examinations into the physiological characters of the process have convinced him that "the so-called skin-grafting consists in truth not of a transplantation of true skin, but of epithelium." The pellicle, which retained its vitality, and proved of initial value in inducing cicatrization, was found to consist of young epithelial cells. Further, the cicatrix thus induced, and that formed by the ordinary normal process elsewhere, were undistinguishable one from the other, and, under the microscope, proved to be of the same fibro-cellular character.

Dr. David Fiddes, of the Royal Infirmary, Aberdeen, has clinically arrived at a conclusion which affords a remarkable support of Dr. Page's observations and deductions, if confirmed by further observations. He says that it is quite unnecessary to put the patient to the pain of cutting a piece of healthy skin from the body for the purpose of transplanting it on the sore. "All that is necessary to be done," he says, "is to take a long bistoury,

or razor, and shave or scrape off the epidermic scales from the convex parts of the extremities, such as the outer and convex aspects of the forearms and thighs, and place them on the healthy granulations. This can best be done by brushing the scales off the bistoury with a camel-hair pencil. After securing them *in situ* for three or four days by means of common adhesive plaster, the granulations on which the epidermic scales were placed assume a glazed bluish appearance, which gradually grows into skin, and meets the nearest edge of the healing ulcer, which edge shoots out and meets the newly-formed skin on the granulations. The result is continuity of healthy skin." This last, it will be observed, is a very important statement. Dr. Page's observations lead him to the opposite conclusion, that there is no nearer approach to the condition of true skin than in cases of ordinary cicatrization, but only a more rapid formation, and from a greater number of centres, of a tissue of very low vitality, deficient in many of the functions of the true skin, and easily destroyed by causes that would not affect the latter. The sphere of usefulness of the operation will be largely affected, according as the one or other view proves to be correct. No doubt clinical observations will multiply; and we direct attention to these points, as the best method of furthering the discovery of the place in surgery of this new and suggestive practice.—*British Medical Journal*, Dec. 24, 1870.

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Cause of the Occurrence of Labour at the Close of the Ninth Month of Utero-gestation.—Prof. Alex. R. Simpson, in his introductory lecture (*Edinburgh Med. Journal*, Dec. 1870), gives the following explanation of this: "Since the true nature of the decidual membrane came to be fairly understood, it was natural to seek in the changes which it undergoes for an explanation of the cause of the occurrence of labour at the close of the ninth month of utero-gestation. The search has not been fruitless. For it has been found that in the natural course of development, the decidual membrane at this period has undergone a degree of fatty degeneration which has brought it to the last stage of its existence, when it would either require to be melted down and absorbed, or be thrown off as a foreign substance. The same change occurs in it at an earlier date if through some disease an end be put to the life of the fœtus, and in such a case expulsion of the dead child does not take place until time has been given for the degeneration to occur in the decidua, which leads to its being loosened from the uterine parietes and reduced to the condition of a foreign body. The observation of this phenomenon has led by a beautiful induction to the employment of the simplest, safest, and surest means of bringing on labour, by imitating the process of nature and producing an artificial separation of the membranes from the interior of the uterus in those cases where, to save the life of the child and to lesson the mother's risk, it is found needful to induce the labour prematurely.

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Chloralum.—Dr. Stevenson read (December 17, 1870) before the Association of Medical Officers of Health, his report on chloralum as an antiseptic and disinfectant. The substance, aluminic chloride, was not new to chemists. It seemed to have no action on sulphuretted hydrogen. It would deodorize some compounds perhaps, because it fixed ammonias and organic ammonias. In its antiseptic properties, it seemed to be like many other mineral salts. It stopped putrefactive change to a great extent, but seemed inferior to carbolic acid. It was difficult to determine whether it had disinfectant powers; probably it had. Dr. Stevenson thought that in any case its expensiveness, as compared with carbolic acid and other disinfectants now in use, would weigh against it. It might be of advantage in the case of dead bodies, where the preservation of color was of importance.—Mr. John Gamgee had been assured by Dr. Angus Smith and others, that this was almost an untouched subject. He claimed for chloralum a superiority over carbolic acid, on account of its inoffensiveness and harmlessness; and because the strength could be moderated at pleasure. It was

applicable to ten times as many purposes as carbolic acid, and could eventually be manufactured at one-third the price.—*British Medical Journal*, Dec. 24, 1870.

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Comparative Energy of Antiseptics.—Dr. F. Crace Calvert has performed two series of experiments in order to ascertain the comparative powers of various substances ordinarily used as antiseptics. The first consisted in placing in bottles (not corked) solutions of albumen and flour paste. To these he added various proportions of some of the substances patronized at the present time as antiseptics.

The results of these experiments clearly show that the only true antiseptics are carbolic and cresylic acids; and these results coincide with those obtained by Mr. William Crookes, F.R.S., Dr. Angus Smith, F.R.S., and Dr. Sansom. These two acids continued their action till the albumen solution and paste dried up. The second series had the object of ascertaining which of the undermentioned substances would possess the most active power in destroying such germs, and thus preserving the animal substance from decay. At the bottom of wide-mouthed pint bottles, Dr. Calvert placed a known quantity of each of the antiseptics, and suspended over them by a thread a piece of sound meat; and, by daily examination, it was easily ascertained when the meat became tainted or putrid. The following table gives the results obtained:—

Antiseptics used.	Became tainted.	Putrid.
Permanganate of potash	2 days.	.... 4 days.
Chloralum	2 "	.... 10 "
McDougall's disinfecting powder	12 "	.... 19 "
Chloride of lime	14 "	.... 21 "
Tar oil	16 "	.... 25 "
Chloride of zinc	19 "	.... —
Carbolic disinfecting powder	Did not become tainted, but dried up and became quite hard.	
Carbolic acid		
Cresylic acid		

British Medical Journal, Dec. 24, 1870.

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Hydrate of Bromal.—The hydrate of bromal, or bromal-hydrate, is the corresponding compound to chloral hydrate, the chlorine being replaced by bromine. Its composition is $C_2 HBr_3 O, 2H_2O$, it being formed by the direct action of bromine upon alcohol.

From experiments made under the supervision of Liebreich himself in the Berlin Pathological Institution, and published some time since in the *Press*, it would seem that this compound when administered to animals, undergoes a similar change to the chlorine compound. But this change goes on much slower; at the end of an hour and a half there is found in the blood, in addition to bromoform, still some undecomposed bromal. It is also evacuated in the urine as bromides.

The symptoms produced upon animals were—first, a stage of restlessness, followed by imperfect sleep and anæsthesia, and finally dyspnœa and death with and without convulsions.

The preliminary stage of restlessness which has no equivalent in the administration of chloral is ascribed to the action and conversion of the bromal into aldehyde. It being oxidized in the usual manner by the arterial blood the decomposition proceeds much more slowly than it would in the case with chloral. The author and others, however, had observed a stage of restlessness after hypnotic doses of chloral. In the case mentioned by Liebreich, a patient was suffering from gout, and it was no doubt due to the acid state of the blood preventing the usual decomposition into chloroform. When alkalies were administered to the patient the same dose of chloral hydrate produced sleep. It would be most desirable to try some experiments upon these compounds, particularly as regards their exhibition in conjunction with ammonio-citrates of the alkaline bases; it is probable that the uncertainty exhibited by chloral hydrate would vanish by such a method.—*Med. Press and Circular*, Jan. 4, 1871.

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The Phenomena of Death by Drowning and Cold.—The phenomena of death by drowning and cold formed the subject of Dr. Richardson's experimental and practical lecture on Tuesday. He showed, amongst other experiments, that fish which would be presumed to be dead from what he called "glacial death" were easily recoverable. His view as to the sudden-

ness of the collapse of the body in water at freezing-point is, that the exhaustion follows on peripheral nervous shock, due to the cold, and quick succeeding exhaustion of the nervous centres. Thus the temperature of the brain was reduced to 56° F., in an animal drowned in freezing water, while the temperature of the chest and abdomen was at 79° F. Death from drowning under ice is, Dr. Richardson states, one of the most rapid of deaths, and is completed, he believes, with so quick an extinction of consciousness as to be actually painless. The heart retains its power of action, the blood remains fluid, and the muscles keep up their irritability for a long time after apparent dissolution; and so favourable are all the conditions for the renewal of living action, even for two hours, that a considerable advance in the practice of resuscitation must follow upon further careful and laborious experimental research.—*Lancet*, Jan. 7, 1871.

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Spontaneous Generation.—This subject is at present attracting great attention, and many of the most competent investigators are at work endeavouring to elucidate it. Prof. Huxley, in his address, brought it to the attention of the British Association for the Advancement of Science at its late meeting, presenting an able exposition of his opinion which brought out the views of others, giving rise to a very animated discussion. In that address, as remarked in the *Lancet* (Dec. 31, 1870), Prof. Huxley "stands forward as an opponent of the theory of spontaneous generation, except in so far that, if it were 'given him to look beyond the abyss of geologically recorded time to the still more remote period when the earth was passing through physical and chemical conditions which it can no more see again than a man can recall his infancy, he should expect to be a witness of the evolution of living protoplasm from not living matter'; otherwise he holds that inorganic cannot form organic compounds except under the influence of pre-existing protoplasm. Dr. Bastian, on the other hand, endeavours by numerous and carefully conducted experiments to show that, under conditions that preclude the idea of the pre-existence of ova or living particles of any kind, organisms of low type—such as bacteria, vibrios, and various simple fungi—may develop when their chemical elements are brought into relation under otherwise favourable circumstances of light, heat, and moisture. Prof. Tyndall's researches here come in, showing that, under all ordinary conditions, the atmosphere is charged with a fine dust clearly of an organic nature, since it is destroyed by a red heat, and which, as we do not yet know its precise relations to temperature, may possibly contain the germs of such organisms as have not been destroyed by the temperatures to which Dr. Bastian's infusions were subjected. The question will be settled when some inquirer obtains a living and growing organism from chemically pure oxygen, hydrogen, nitrogen, and carbon in the presence of water—a consummation from which we appear to be sufficiently distant as yet."

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Medical Science in Paris during the Siege.—Dr. J. A. Fort, writing from Paris on Nov. 24th to Prof. Pacini of Florence, says that the Surgical Society attempted to resume its weekly meetings on November 7th. Seven members only were present. M. Boinet spoke of some cases of tetanus which he had observed among the wounded in the Palace de l'Industrie; he attributed the disease to cold—the wards being badly warmed. M. Giraldès had also seen some cases of tetanus in the Val-de Grâce Hospital. Both these surgeons spoke in praise of chloral, the use of which had been followed by recovery in two-thirds of the cases. The amount given varied from eight to ten *grammes* in twenty-four hours; it was dissolved in simple syrup, and given in doses of a spoonful. The Academies of Medicine and of Science were also meeting, and were occupied in discussing the existing state of affairs. The Session of the School of Medicine had commenced, and the professors had begun their lectures. Dr. Fort had commenced giving a course of surgical anatomy.—*British Medical Journal*, Dec. 31, 1870.

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Not only is it the best work on venereal diseases in our language, with which we are acquainted, but one of the pleasantest to read.—*Am. Journ. Med. Sciences,* Jan. 1871.

Very practical, and invaluable to the student of venereal disease.—*Canada Lancet,* Jan. 1871.

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